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I would state that the certification plan was very satisfactory on last Saturday's boat, and both passengers and baggage were handled smoothly from the anchorage in the bay.

Beginning next week, we shall have more than twice the number of passenger boats from these coast towns, for the Menendez line is to put on another boat, and another line to begin running between Batabano and Manzanillo, with a boat each way a week.

I inclose a copy of instructions given guard at Jucaro, also blank identification certificate issued to west-bound passengers.

Respectfully, yours,

S. B. GRUBBS,

Assistant Surgeon, U. S. M. H. S.

The SUPERVISING SURGEON-GENERAL,
U. S. Marine-Hospital Service.

[Inclosure.]

Instructions to sanitary guard at Jucaro.

1. Have Menendez boat, west bound, and any other boat from Manzanillo or Santiago carrying passengers from those points anchor in the bay and not come to wharf.

2. Go aboard boat before anyone leaves and require each passenger going ashore to give a properly made out certificate on one of inclosed forms or a special permit to land from Santiago or Manzanillo.

3. See that baggage of all Santiago passengers and of Americans from Manzanillo has the proper labels on it (either "Inspected" or "Disinfected"), and if not, do not allow it to go ashore.

4. Give to each passenger going aboard this vessel a certificate as per blanks furnished.

5. Stay at gangway of vessel all the time she is in port and see that no one leaves without a certificate and that no one comes on without getting one.

S. B. GRUBBS,

Assistant Surgeon, U. S. M. H. S.,

Directing Quarantines South Coast Puerto Principe and Santa Clara.

Sanitary report from Havana.

HAVANA, CUBA, July 24, 1899.

SIR: I have the honor to submit my report on the sanitary condition of this port for the week ended July 24, 1899, together with the mortuary table of the city of Havana for the same period.

In view of the frequent comparisons of the present, and past sanitary condition of Havana, based on the mortuary data, more or less accurate, which have appeared from time to time in the press of the United States, it would seem to be interesting to mention some factors which must be considered in making such a comparison intelligently. It is not asserted that these factors, to be mentioned here, are all that are to be considered; nor do I pretend to accurately appreciate their effect on the bills of mortality.

(a) The years from 1895 to 1898 were the years of war. In 1897 and 1898 the city passed through a period of extreme suffering; insufficient and improper food for very many, and starvation for a large number; neglect of medical care for the sick, and insufficient and improper hospital accommodation, etc.

The effect of these conditions, which have passed, on the present death rate is from two factors. (1) A number of people are left in a weakened condition, and are less able to resist ordinary diseases. (2) A large proportion of the old people, those suffering from chronic maladies and those whose vitality was less than normal, died during this period, the survivors being those of greater than average natural vitality or better physical surroundings.

The first factor tends to raise the present death rate, the latter to lower it. Their relative effect is to be considered. It is analogous in effect on the bills of mortality to a very inclement winter, an epidemic of cholera, influenza, etc., but more pronounced in its action.

Both of these, the latter especially, leave a number of the people, hitherto well, in a weakened condition, succumbing more easily to intercurrent diseases. Both carry off a considerable proportion of those old, naturally weak, etc.

As is well known, the immediate effect is (1) a marked rise in the death rate, then a fall, reaching normal in about one to four months; then a period during which the mortality is decidedly less than normal, gradually rising slowly to normal. The time during which the rate of mortality is below normal increases in length with the severity of the preceding conditions. The reason for this is too obvious, and too well known, to be discussed here. It would seem, then, that the resultant of the two factors above-mentioned would be to lessen the death rate now, and to give us a lower rate for some time to come.

If, in addition to this, we consider the appalling mortality of young children during the two years mentioned, and the lessened birth rate during the same period, this conclusion will be strengthened. Very few young children were left in a weakened condition—they died. The same is true of old people.

In Havana I have no knowledge to be depended upon for the birth rate during the period mentioned. But in Matanzas, the statistics collected by General Wilson show that in 1898 the births in that city almost ceased, and were, I am informed, confined to the wealthier classes.

Now, children under 5 years of age furnish, normally, much more than their proportion of mortality (most during the 2 or 3 years), as, of course, do old people; and the marked diminution, almost extinction, of these classes, must tend also to lessen the mortality now, and in the immediate future.

Acting entirely on the same lines is the after effect of the great epidemics of smallpox and yellow fever prevailing all over the island in 1895 and 1897. This influence is especially felt in lessening the death rate from these diseases; but also affects the death rate from other diseases by the number of those of deficient vitality which perish. As is well known, smallpox is especially deadly in the very young and very old. The wholesale vaccination then undertaken is also a factor in lessening the present mortality from smallpox, and as is doubtless the wholesale immunization to yellow fever from that disease.

It is fair to predict then, that the conditions which prevailed from 1896 to 1898 will tend to lower our death rate for some time to come; say to a year and a half or two years and a half from the evacuation, its influence gradually lessening to zero.

(b) The better care of the indigent classes; issuing of rations; care of the sick in hospitals and at dispensaries; issuing medicine, and the whole system of public assistance, in fact (which is unquestionably well administered) also lower the bills of mortality below the normal of former years.

(c) The sanitary measures adopted since the American occupation also act in the same direction, lessening the death rate. The effect of this factor will be permanent and increasing.

(d) The long-continued dry season which still exists in the western part of the island, in all probability is a factor in temporarily lessening the death rate. This, at least, is the opinion of such Havana physicians

as I have asked, and is, I believe, correct. This influence, of course, is evanescent.

To conclude, then, it would seem that we have a right to expect a much lower death rate in Havana now, and in the near future, than formerly. I would regard (a) and (b) as being *now* the preponderating factors in producing this result, although (c) and (b), the former especially, are doubtless destined to take the leading place.

As cognate to this subject, affecting the general mortality by that from a special disease, the effect of the diminution of the Spanish immigration toward lessening the prevalence of yellow fever may be noted. The number of people in a city susceptible to this disease and their exposure to infection is a prime factor affecting its prevalence.

That this prevalence of yellow fever is also affected by the sanitary measures, general and special, adopted, there is no question. But owing to lack of data and time, they can not be considered in this paper. Still that these measures have undoubtedly exercised a favorable influence on the prevalence of this disease may confidently be asserted; the same of the late advent of the rains.

Considering the number of nonimmunes in the city, and their exposure to infection, the conditions are much in our favor. It is probable that Havana has not for a long time had so small a nonimmune population, and that population so little exposed in the unhealthy parts of the city.

Normally, the Spanish immigration to this city has been very large. I do not mean like the immigration to New York, but from 100 to 400 coming by each steamer; and almost every sailing vessel showing also a small passenger list. During the first two or three years the majority of these people had yellow fever. This immigration is practically stopped; there was none in 1898 and not much in 1897. To balance this we have an unusually large number of Americans in town. But they are coming at the rate of more than 7 per cent or 10 per cent as compared with the Spanish and more leave than come. The number in town, including United States employees, is comparatively small. The disproportion between the Spanish and American garrisons is also large. Again the Americans are afraid of yellow fever and take intelligent sanitary measures. They live up town, on the Prado when they can, and at any rate, in the cleanest and best kept buildings attainable; and live under good hygienic conditions, better than at home on account of their fear of the fever. The Spanish immigrants with whom I am comparing them had no such advantage; they lived where they could and as they could, and, save some who went as domestic servants, but few had good hygienic surroundings. The same difference in hygienic surroundings obtains in a greater degree even between the Spanish and American garrisons; the latter are kept (this is really part of the special sanitary system) from exposure to infection by every possible safeguard, and live under the best sanitary conditions; better even than the civilians of good circumstances.

There is, then, far less material (human) for infection, and that material less exposed, and the mortality from this disease should be lessened by this factor.

Only 2 cases of yellow fever have been reported this week, and the health conditions continue excellent.

Very respectfully,

H. R. CARTER,
Surgeon, U. S. M. H. S.

The SUPERVISING SURGEON-GENERAL,
U. S. Marine-Hospital Service.

[Inclosure.]

MORTALITY REPORT OF THE CITY OF HAVANA FOR THE WEEK ENDED JULY 24, 1899.

Causes of death—	Number.
Tuberculosis.....	23
Enteritis.....	23
Enteric fever.....	6
Paludal (malarial) fever.....	7
Pneumonia.....	11
Pernicious fever.....	7
Measles.....	6
Dysentery.....	3
Diphtheria.....	1
Deaths from all causes.....	164

Havana quarantine against Vera Cruz.

HAVANA, CUBA, July 26, 1899.

SIR: I inclose copy of letter and telegram sent Dr. Hodgson and the United States consul at Vera Cruz which are self-explanatory.

The object of the nonimmune passengers going aboard twenty-four hours before the vessel sails, is to have them five days from Vera Cruz before landing here. Very few, practically no nonimmunes come, so there is little loss to commerce, and it is safer. This has been in force with the Ward Line, which lie in the open bay, since July 3.

Please advise the consul to note on the bill of health if this is complied with.

Here I would again note the strategetic importance of Tortugas, as being in the route of vessels from the Mexican littoral to the north coast of Cuba.

Respectfully, yours,

H. R. CARTER,
Surgeon, U. S. M. H. S.

The SUPERVISING SURGEON-GENERAL,
U. S. Marine-Hospital Service.

[Inclosure No. 1—Telegram.]

JULY 25, 1899.

TO UNITED STATES CONSUL, *Vera Cruz*: Nonimmune passengers for Havana must go aboard vessel twenty-four hours before leaving, else held here.—CARTER.

[Inclosure No. 2.]

HAVANA, CUBA, July 26, 1899.

SIR: Please inform the steamship companies that passengers, nonimmune to yellow fever, are not allowed to land here for five days from leaving Vera Cruz. This can be, I think, carried out with less delay to the steamship company by having such passengers come on board twenty-four hours before sailing, the vessels lying to mooring at the time, so that these people may be five days from Vera Cruz. Indeed, if the bills of health, or your next report show much infection on the water front, I will allow no passenger vessel which goes to a wharf to land here without quarantine.

I wrote you at length with regard to this matter and to the disinfection of baggage, in the early part of July. I have received no reply. Possibly the letter miscarried. Please inform me how the disinfection is done, and under whose auspices. And if there is any chance of this being inefficient, please have it corrected. Baggage not passed and labeled will be disinfected here.

I rather expect that I should have written both this and the former letter to the United States consul, but I did not think to thus write the first, and this is in reference to it. Please show it to him, and have the steamship lines notified. There are extremely few nonimmunes coming; practically none.

Very respectfully,

H. R. CARTER,
Surgeon, U. S. M. H. S.

ACTING ASSISTANT SURGEON HODGSON,
U. S. Marine-Hospital Service.